#### FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 24 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00080010 1 NAME TITLE; FIRST; MI OFFICE USE ONLY The Honorable Thomas J. **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 05/29/2019 Oliverson 2 ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP Receipt # HD / PM Amount Date Processed X (CHECK IF FILER'S HOME ADDRESS) **TELEPHONE** AREA CODE PHONE NUMBER; EXTENSION Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE \_\_\_\_\_ (INDICATE OFFICE) ELECTED OFFICER State Representative 130 (INDICATE OFFICE) APPOINTED OFFICER \_\_\_\_\_\_ (INDICATE AGENCY) EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR \_\_\_\_\_\_ (INDICATE PARTY) OTHER \_\_\_\_\_ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). Jennifer Oliverson SPOUSE **DEPENDENT CHILD** In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

## SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD \_\_\_ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** U.S. Anesthesia Partners ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 2411 Fountain View Dr. Houston, TX 77056 **POSITION HELD** Partner NATURE OF OCCUPATION SELF-EMPLOYED INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** State of Texas ADDRESS / PO BOX; ZIP CODE APT / SUITE #; CITY: STATE: PO Box 2910 Austin, TX 78768 POSITION HELD State Representative NATURE OF OCCUPATION SELF-EMPLOYED

**STOCK** PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **BUSINESS ENTITY** NAME US Anesthesia Partners Holdings Inc STOCK HELD OR X FILER SPOUSE DEPENDENT CHILD **ACQUIRED BY** 3 NUMBER OF SHARES LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 LESS THAN 10K X 10,000 OR MORE 4 IF SOLD NET GAIN \$10,000 - \$24,999 LESS THAN \$5,000 \$5,000 - \$9,999 \$25,000--OR MORE NET LOSS **BUSINESS ENTITY** NAME KBS Real Estate Investment Trust III STOCK HELD OR X FILER **ACQUIRED BY** SPOUSE DEPENDENT CHILD NUMBER OF SHARES LESS THAN 100 7 100 TO 499 500 TO 999 X 1,000 TO 4,999 LESS THAN 10K 10,000 OR MORE IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

**BONDS, NOTES & OTHER COMMERCIAL PAPER** PART 3 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **DESCRIPTION OF** Welsh, Carson, Anderson & Stowe XII Feeder Fund, L.P. **INSTRUMENT** HELD OR X FILER **ACQUIRED BY** SPOUSE DEPENDENT CHILD IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1 MUTUA	AL FUND	KBS Real Estate Inves		NAME	
	ES OF MUTUAL FUND OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE	)
	ER OF SHARES OF AL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		X 5,000 to 9,999	10,000 OR MORE		
4 IF SOL	D NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUA	AL FUND			NAME	
		Vanguard Moderate G	rowth Portfolio		
	ES OF MUTUAL FUND OR ACQUIRED BY	X FILER	SPOUSE	X DEPENDENT CHILE	) 1
	ER OF SHARES OF AL FUND	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
		5,000 to 9,999	10,000 OR MORE	_	_
IF SOL	D NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
NALITI I	AL ELIND			NAME	
MUTUA	AL FUND	Vanguard Growth Por		NAME	
SHARE	AL FUND ES OF MUTUAL FUND OR ACQUIRED BY	Vanguard Growth Por		NAME  X DEPENDENT CHILE	o <u>2</u>
SHARE HELD (	ES OF MUTUAL FUND		tfolio		D 2
SHARE HELD (	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF	X FILER	spouse	X DEPENDENT CHILE	
SHARE HELD (	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND	X FILER LESS THAN 100	SPOUSE  100 TO 499	X DEPENDENT CHILE	
SHARE HELD ( NUMBE MUTUA	ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND  D NET GAIN	X FILER  LESS THAN 100  X 5,000 to 9,999	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	X DEPENDENT CHILE	1,000 TO 4,999
SHARE HELD ( NUMBE MUTUA	ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND  D NET GAIN NET LOSS	X FILER  LESS THAN 100  X 5,000 to 9,999	folio SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	X DEPENDENT CHILE	1,000 TO 4,999
SHARE HELD (  NUMBE MUTUA  IF SOL	ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND  D NET GAIN NET LOSS	X FILER	folio SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	X DEPENDENT CHILE	1,000 TO 4,999  \$25,000OR MORE
SHARE HELD (  NUMBE MUTUA  IF SOL  SHARE HELD (  NUMBE	ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND  D NET GAIN NET LOSS  AL FUND  ES OF MUTUAL FUND	X FILER  LESS THAN 100  X 5,000 to 9,999  LESS THAN \$5,000  Vanguard Growth Port	## SPOUSE    100 TO 499   10,000 OR MORE   \$5,000 - \$9,999	X DEPENDENT CHILE	1,000 TO 4,999  \$25,000OR MORE
SHARE HELD (  NUMBE MUTUA  IF SOL  SHARE HELD (  NUMBE	ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND  D NET GAIN NET LOSS  AL FUND  ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF	X FILER  LESS THAN 100  X 5,000 to 9,999  LESS THAN \$5,000  Vanguard Growth Port	## SPOUSE    100 TO 499   10,000 OR MORE   \$5,000 - \$9,999    ## Spouse   Spouse	<ul> <li>X DEPENDENT CHILE</li> <li></li></ul>	1,000 TO 4,999  \$25,000OR MORE
SHARE HELD (  NUMBE MUTUA  IF SOL  SHARE HELD (  NUMBE	ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND  D NET GAIN NET LOSS  AL FUND  ES OF MUTUAL FUND OR ACQUIRED BY  ER OF SHARES OF AL FUND	X FILER  LESS THAN 100  X 5,000 to 9,999  LESS THAN \$5,000  Vanguard Growth Port  X FILER  LESS THAN 100	## SPOUSE    100 TO 499   10,000 OR MORE   \$5,000 - \$9,999    ## Spouse   100 TO 499   100 TO 499	<ul> <li>X DEPENDENT CHILE</li> <li></li></ul>	1,000 TO 4,999  \$25,000OR MORE

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Metropolitan West Tot	۱ al Return Bond Fund Pl	NAME an Class	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
4	IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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	MUTUAL FUND	Vanguard Institutional	n Target Retirement 2035	NAME 5 Fund	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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	MUTUAL FUND	Prudential Jennison M	id Cap Growth Fund, In	NAME c Class Q	
	MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Prudential Jennison M  X FILER			)
	SHARES OF MUTUAL FUND		id Cap Growth Fund, In	c Class Q	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER  LESS THAN 100	id Cap Growth Fund, In  SPOUSE  100 TO 499	C Class Q	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER	id Cap Growth Fund, In  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999
_	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	id Cap Growth Fund, In  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	id Cap Growth Fund, In  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  T. Rowe Price Blue Ch	id Cap Growth Fund, In  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  T. Rowe Price Blue Ch	id Cap Growth Fund, In  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999  inip Growth Fund I Class  SPOUSE  100 TO 499	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999  NAME  DEPENDENT CHILE	X 1,000 TO 4,999  \$25,000OR MORE

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1	MUTUAL FUND	Goldman Sachs Small		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE	)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Hartford Core Equity F		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100  X 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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	MUTUAL FUND	American Funds Eurol	Pacific Growth Fund® C	NAME Class R-6	
	MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	American Funds Eurol			)
	SHARES OF MUTUAL FUND	_	Pacific Growth Fund® C	Class R-6	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER  LESS THAN 100	Pacific Growth Fund® C SPOUSE  100 TO 499	Class R-6	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999	Pacific Growth Fund® C  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	Class R-6  DEPENDENT CHILD  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	Pacific Growth Fund® C  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	Class R-6  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	Pacific Growth Fund® C SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	Class R-6  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Vanguard Total Interna	Pacific Growth Fund® C SPOUSE  100 TO 499 10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  DEPENDENT CHILD  500 TO 999  \$10,000 - \$24,999  NAME d Institutional Shares	X 1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Vanguard Total Interna  X FILER  LESS THAN 100	Pacific Growth Fund® C SPOUSE  100 TO 499 10,000 OR MORE  \$5,000 - \$9,999  sational Stock Index Funds SPOUSE  100 TO 499	Class R-6  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999  NAME d Institutional Shares  DEPENDENT CHILE	X 1,000 TO 4,999  \$25,000OR MORE

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1	MUTUAL FUND	Metropolitan West Tota	al Return Bond Fund Pl	NAME an Class	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILE	)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Vanguard Institutional	ا Target Retirement 2040	NAME ) Fund	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILE	)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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E	MUTUAI FUND			NAME	
	MUTUAL FUND	Prudential Jennison M	id Cap Growth Fund, In	NAME c Class Q	
	MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Prudential Jennison M			)
	SHARES OF MUTUAL FUND		id Cap Growth Fund, In	c Class Q	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER LESS THAN 100	id Cap Growth Fund, In  X SPOUSE  X 100 TO 499	C Class Q	<u> </u>
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	id Cap Growth Fund, In  X SPOUSE  X 100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	id Cap Growth Fund, In  X SPOUSE  X 100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  T. Rowe Price Blue Ch	id Cap Growth Fund, In  X SPOUSE  X 100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  T. Rowe Price Blue Ch	id Cap Growth Fund, In  X SPOUSE  X 100 TO 499  10,000 OR MORE  \$5,000 - \$9,999  Inip Growth Fund I Class  X SPOUSE  X 100 TO 499	C Class Q  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999  NAME  DEPENDENT CHILE	1,000 TO 4,999  \$25,000OR MORE

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1	MUTUAL FUND	Goldman Sachs Small		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILE	)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499  10,000 OR MORE	500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Hartford Core Equity F		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILD	)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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F	MUTUAL FUND		1	NAME	
	MUTUAL FUND	American Funds Eurol	Pacific Growth Fund® C		
	MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	American Funds Eurol			)
	SHARES OF MUTUAL FUND		Pacific Growth Fund® C	Class R-6	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER  LESS THAN 100	Pacific Growth Fund® C  X SPOUSE  X 100 TO 499	Class R-6	_
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	Pacific Growth Fund® C  X SPOUSE  X 100 TO 499  D 10,000 OR MORE  S5,000 - \$9,999	Class R-6  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	Pacific Growth Fund® C  X SPOUSE  X 100 TO 499  D 10,000 OR MORE  \$5,000 - \$9,999	Class R-6  DEPENDENT CHILE  500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Vanguard Total Interna	Pacific Growth Fund® C  X SPOUSE  X 100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  DEPENDENT CHILD  500 TO 999  \$10,000 - \$24,999  NAME d Institutional Shares	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Vanguard Total Internation  FILER  LESS THAN 100	Pacific Growth Fund® C  X SPOUSE  X 100 TO 499  10,000 OR MORE  \$5,000 - \$9,999  Attional Stock Index Fund  X SPOUSE  X 100 TO 499	DEPENDENT CHILD  500 TO 999  \$10,000 - \$24,999  NAME d Institutional Shares  DEPENDENT CHILD	1,000 TO 4,999  \$25,000OR MORE

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1	MUTUAL FUND	Invesco International	1	NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	VIP Contrafund	1	NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
$\vdash$					
Ħ	MUTUAL FUND		1	NAME	
	MUTUAL FUND	VIP Mid Cap	1	NAME	
	MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	VIP Mid Cap	SPOUSE	NAME  DEPENDENT CHILD	)
	SHARES OF MUTUAL FUND				1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE  100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN	X FILER  LESS THAN 100  5,000 to 9,999	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Franklin Small Cap Va	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Franklin Small Cap Va  X FILER  LESS THAN 100	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999  lue VIP  SPOUSE  100 TO 499	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999  NAME  DEPENDENT CHILD	1,000 TO 4,999  \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Janus Aspen Series O		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Janus Aspen Series E		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Pimco Short Term	١	NAME	
	MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Pimco Short Term  X FILER	SPOUSE	NAME  DEPENDENT CHILD	)
	SHARES OF MUTUAL FUND				1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE  100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN	X FILER  LESS THAN 100  5,000 to 9,999	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Pimco Total Return	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999	1,000 TO 4,999  \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Pimco Total Return  X FILER  LESS THAN 100	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD  X 500 TO 999  \$10,000 - \$24,999  NAME  DEPENDENT CHILD	1,000 TO 4,999  \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

MUTUAL FUND						
SHARES OF MUTUAL FUND	1	MUTUAL FUND	Invesco Growth and In		NAME	
MUTUAL FUND	2				DEPENDENT CHILD	)
NETLOSS	3				500 TO 999	X 1,000 TO 4,999
Pioneer Mid Cap Value	4	H 1121 07 1111	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
NUMBER OF SHARES OF   LESS THAN 100   100 TO 499   \$ 500 TO 999   1,000 TO 4,999   1,000		MUTUAL FUND	Pioneer Mid Cap Valu		NAME	
LESS THAN 100			X FILER	SPOUSE	DEPENDENT CHILD	
NET LOSS					X 500 TO 999	1,000 TO 4,999
Pimco Commodity Real Return		☐ N21 3/ III	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
SHARES OF MUTUAL FUND	L					
NUMBER OF SHARES OF MUTUAL FUND         LESS THAN 100		<u> </u>		1	NAME	
MUTUAL FUND       ☐ LESS THAN 100       ☐ 100 TO 499       ☐ 500 TO 999       ☒ 1,000 TO 4,999         ☐ 5,000 to 9,999       ☐ 10,000 OR MORE         IF SOLD       ☐ NET GAIN   NET LOSS       ☐ LESS THAN \$5,000       ☐ \$5,000 - \$9,999       ☐ \$10,000 - \$24,999       ☐ \$25,000 - OR MORE         MUTUAL FUND       NAME         Vanguard Variable High Yield Bond Fund         SHARES OF MUTUAL FUND   X FILER       ☐ SPOUSE       ☐ DEPENDENT CHILD   DEPEND		<u> </u>	Pimco Commodity Rea		NAME	
LESS THAN \$5,000		MUTUAL FUND  SHARES OF MUTUAL FUND		al Return		)
Vanguard Variable High Yield Bond Fund  SHARES OF MUTUAL FUND		MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	X FILER  LESS THAN 100	SPOUSE  100 TO 499	DEPENDENT CHILD	
HELD OR ACQUIRED BY  X FILER SPOUSE DEPENDENT CHILD  NUMBER OF SHARES OF MUTUAL FUND LESS THAN 100 X 100 TO 499 500 TO 999 1,000 TO 4,999  IF SOLD NET GAIN  LESS THAN \$5,000 TO \$5,000 TO \$5,000 TO \$25,000 TO \$		MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD  NET GAIN	X FILER  LESS THAN 100  5,000 to 9,999	Al Return  SPOUSE  100 TO 499  10,000 OR MORE	DEPENDENT CHILD	X 1,000 TO 4,999
MUTUAL FUND       ☐ LESS THAN 100       ☒ 100 TO 499       ☐ 500 TO 999       ☐ 1,000 TO 4,999         ☐ 5,000 to 9,999       ☐ 10,000 OR MORE             IF SOLD       ☐ NET GAIN       ☐ LESS THAN \$5,000       ☐ \$5,000 - \$9,999       ☐ \$10,000 - \$24,999       ☐ \$25,000 - OR MORE		MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD  NET GAIN NET LOSS	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000	Al Return  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999
		MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Vanguard Variable Hig	Al Return  SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999  \$10,000 - \$24,999	X 1,000 TO 4,999  \$25,000OR MORE
		MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF MUTUAL FUND  IF SOLD NET GAIN NET LOSS  MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  NUMBER OF SHARES OF	X FILER  LESS THAN 100  5,000 to 9,999  LESS THAN \$5,000  Vanguard Variable Hig  X FILER  LESS THAN 100	SPOUSE  100 TO 499  10,000 OR MORE  \$5,000 - \$9,999  In Yield Bond Fund  SPOUSE  X 100 TO 499	DEPENDENT CHILD  500 TO 999  \$10,000 - \$24,999  NAME  DEPENDENT CHILD	X 1,000 TO 4,999  \$25,000OR MORE

**MUTUAL FUNDS** PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. MUTUAL FUND NAME Vanguard Variable REIT Index Fund SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NUMBER OF SHARES OF MUTUAL FUND LESS THAN 100 100 TO 499 X 500 TO 999 1,000 TO 4,999 5,000 to 9,999 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

#### **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS**

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS  American Funds EuroPacific Growth Fund® Class R-6  ADDRESS / DO POY: ADT / SUITE #: CITY: STATE: ZID CODE
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999 S5,000 - \$9,999 S10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME	
X Publicly held corporation	Hartford Core Equity Fund Class R6  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	
	X \$500 - \$4,999 S5,000 - \$9,999 S10,000 - \$24,999 S25,000OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME	NAME AND ADDRESS  Vanguard Institutional Target Retirement 2035 Fund
SOURCE OF INCOME  X Publicly held corporation	Vanguard Institutional Target Retirement 2035 Fund
	Vanguard Institutional Target Retirement 2035 Fund
	Vanguard Institutional Target Retirement 2035 Fund
	Vanguard Institutional Target Retirement 2035 Fund
	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation	Vanguard Institutional Target Retirement 2035 Fund
X Publicly held corporation	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   X FILER SPOUSE DEPENDENT CHILD
X Publicly held corporation  RECEIVED BY	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation  RECEIVED BY	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   X FILER SPOUSE DEPENDENT CHILD
X Publicly held corporation  RECEIVED BY	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   X FILER SPOUSE DEPENDENT CHILD
X Publicly held corporation  RECEIVED BY  AMOUNT	Vanguard Institutional Target Retirement 2035 Fund           ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE           X FILER         SPOUSE         DEPENDENT CHILD           X \$500 - \$4,999         \$5,000 - \$9,999         \$10,000 - \$24,999         \$25,000OR MORE
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME	Vanguard Institutional Target Retirement 2035 Fund ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME  X Publicly held corporation	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME  X Publicly held corporation	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER
X Publicly held corporation  RECEIVED BY  AMOUNT  SOURCE OF INCOME  X Publicly held corporation	Vanguard Institutional Target Retirement 2035 Fund  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     X   FILER

## **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS**

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information abou which the child is listed on the Co	at a dependent child's activity, indicate the child about whom you are reporting by providing the number under over Sheet.
1 SOURCE OF INCOME	NAME AND ADDRESS
	Vanguard Total International Stock Index Fund Institutional Shares
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
A Publicly field corporation	765KE6671 6 B6X, 74 17 66HE 11, 6HT, 6HT, 2H 66BE
2 RECEIVED BY	
Z RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	
	X \$500 - \$4,999 S5,000 - \$9,999 S25,000 - \$24,999 S25,000OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME	
<u> </u>	T. Rowe Price Blue Chip Growth Fund I Class
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	
	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999

#### **INTERESTS IN REAL PROPERTY**

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILI	D
2 STREET ADDRESS  NOT AVAILABLE  CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLU	IDING CITY, COUNTY, AND	STATE
3 DESCRIPTION  X LOTS ACRES	NUMB 1.00000 lots Harris	ER OF LOTS OR ACRES AI	ND NAME OF COUNTY WH	ERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bayview Loan Serv	ricing LLC		
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,0	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILI	D
HELD OR ACQUIRED BY  STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS			DEPENDENT CHILI	
STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S	93 Shirah Street Destin, FL 32541	STREET ADDRESS, INCLU		STATE
STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS  DESCRIPTION X LOTS	93 Shirah Street  Destin, FL 32541  NUMB 1.00000 lots	STREET ADDRESS, INCLU	JDING CITY, COUNTY, AND	STATE
STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS  DESCRIPTION X LOTS ACRES  NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL	93 Shirah Street  Destin, FL 32541  NUMB 1.00000 lots	STREET ADDRESS, INCLU	JDING CITY, COUNTY, AND	STATE

#### **INTERESTS IN REAL PROPERTY**

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER X SPOUSE DEPENDENT CHILD
2 STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4427 Luke Avenue  Destin, FL 32541
3 DESCRIPTION  X LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1.00000 lots Okaloosa
4 NAMES OF PERSONS RETAINING AN INTEREST  X NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 S5,000 - \$9,999 S10,000 - \$24,999 S25,000OR MORE
HELD OR ACQUIRED BY	X FILER X SPOUSE DEPENDENT CHILD
HELD OR ACQUIRED BY  STREET ADDRESS  NOT AVAILABLE  CHECK IF FILER'S HOME ADDRESS	X FILER X SPOUSE DEPENDENT CHILD  STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  3909 Willbert Rd  Austin, TX 78751
STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3909 Willbert Rd
STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS  DESCRIPTION X LOTS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3909 Willbert Rd  Austin, TX 78751  NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots
STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS  DESCRIPTION X LOTS ACRES  NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3909 Willbert Rd  Austin, TX 78751  NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots

# INTEREST IN BUSINESS ENTITIES PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

IELD OR ACQUIRED BY	X FILER	X SPOUSE	whom you are reporting by p	
ESCRIPTION			AND ADDRESS	
ZSCRIPTION	EDOB Holdings LLC	X (Check	if Filer's Home Address)	
SOLD NET GAIN NET LOSS	LESS THAN \$5,00	00 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

### **OWNERSHIP OF BUSINESS ASSOCIATIONS**

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

	the child is listed on the Cover S	Sheet.
1	BUSINESS ASSOCIATION	NAME AND ADDRESS
		X (Check If Filer's Home Address)
l		EDOB Holding Company LLC
l		
l		
l		
<u> </u>		
2	DESCRIPTION	
l		
3	BUSINESS TYPE	X Corporation Limited Partnership Profesional Association
l		Firm Limited Liability Partnership Joint Venture
l		
l		Partnership Professional Corporation Other
4	HELD, ACQUIRED,	
l	OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
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#### **ASSETS OF BUSINESS ASSOCIATIONS**

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

	the child is listed on the Cover S	at a dependent crind's activity, mulcate the crind about whom theet.	you are reporting by providing the number under which
1	BUSINESS ASSOCIATION	NAME AND A  X (Check If Filer's	
		EDOB Holding Company LLC	
2	BUSINESS TYPE	Corporation	
3	HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE	DEPENDENT CHILD
4	ASSETS	DESCRIPTION  Pontal Proporties	CATEGORY
		Rental Properties	LESS THAN \$5,000  \$5,000 - \$9,999
			\$10,000 - \$24,999 X \$25,000 OR MORE
		Furnitures Fixtures and Equipment	LESS THAN \$5,000 \$5,000 - \$9,999
			\$10,000 - \$24,999 X \$25,000 OR MORE
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#### LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

	When reporting information about the child is listed on the Cover S	ut a dependent child Sheet.	d's activity, indicate the child abo	out whom you are reporting by provi	ding the number under which
1	BUSINESS ASSOCIATION	EDOB Holding (	X (Check	ME AND ADDRESS	
2	BUSINESS TYPE				
		Corporation			
3	HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4	LIABILITIES	Loans	DESCRIPTION	CATE LESS THAN \$5,000 \$10,000 - \$24,999	EGORY  \$5,000 - \$9,999  X \$25,000OR MORE

#### **BOARDS AND EXECUTIVE POSITIONS**

**PART 12** 

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

ı	and dima is notice on the Gover C			
1	ORGANIZATION	Texas Society of Anesthe	esiologists	
2	POSITION HELD	Committee Chair and PA	C Board Member	
3	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD
	ORGANIZATION	EDOB Holdings		
	POSITION HELD	President and CEO		
	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD
	ORGANIZATION	Oliverson Anesthesia As	sociates PLLC	
	POSITION HELD	Manager		
	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD
ı				

#### PERSONAL FINANCIAL STATEMENT

#### PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PAR	TS NOT APPLICABLE TO FILER
		N/A Part 1A - Sources of Occupational Income
	Χ	N/A Part 1B - Retainers
		N/A Part 2 - Stock
		N/A Part 3 - Bonds, Notes & Other Commercial Paper
		N/A Part 4 - Mutual Funds
		N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
	X	N/A Part 6 - Personal Notes and Lease Agreements
		N/A Part 7A - Interests in Real Property
		N/A Part 7B - Interests in Business Entities
	X	N/A Part 8 - Gifts
	Χ	N/A Part 9 - Trust Income
	X	N/A Part 10A - Blind Trusts
	X	N/A Part 10B - Trustee Statement
		N/A Part 11A - Business Associations
		N/A Part 11B - Assets of Business Associations
		N/A Part 11C - Liabilities of Business Associations
		N/A Part 12 - Boards and Executive Positions
	Χ	N/A Part 13 - Expenses Accepted Under Honorarium Exception
	X	N/A Part 14 - Interest in Business in Common with Lobbyist
	X	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	Χ	N/A Part 16 - Representation by Legislator Before State Agency
	Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	Χ	N/A Part 18 - Legislative Continuances
	Х	N/A Part 19 - Contracts with Governmental Entity
	Χ	N/A Part 20 - Bond Counsel Services Provided by a Legislator

he law requires the personal financial statement to be verifi-	ed. Without proper verification, the statement is not consid	ered filed.
he verification page on a personal statement filed electronic dividual required to file the personal financial statement.	cally with the Texas Ethics Commission must have the elec	ctronic signature of the
he verification page on a personal financial statement filed of the individual required to file the personal financial statement filed of the individual required to file the personal financial statements and affirmation authorized by law to administer oaths and affirmation	ent as wells as the signature and stamp or seal of office of	
	I swear, or affirm, under penalty of perjury, that this covers calendar year ending December 31, 2018, a and includes all information required to be reported 572 of the Government Code.	nd is true and correct
	The Honorable Thomas J. Oliv	verson
	Signature of Filer	
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said of, 20, to certify which, wi	tness my hand and seal of office.	day